



**SAN BERNARDINO COUNTY
EMERGENCY
MEDICAL CARE COMMITTEE**



**September 18, 2003
9:00 a.m.**

**Arrowhead Regional Medical Center
Oak Room
400 North Pepper Avenue
Colton, CA 92324
(909) 580-1000**

A G E N D A

- I. CALL TO ORDER**
- II. APPROVAL OF MINUTES**
- III. OLD BUSINESS**
 - A. Native Air- EMS Air Ambulance Permit Update Bill Katin
 - B. Model Performance Based Contracts/MOUs Diane Fisher
 - C. ICEMA Website Diane Fisher
 - D. EMCC Annual Report Diane Fisher
- IV. NEW BUSINESS**
 - A. County Medical/Health Disaster Plan George Bolton
 - B. Attorney General's Decision on Dispatch Diane Fisher
- V. COMMITTEE/TASK FORCE REPORT** Staff
- VI. OTHER/PUBLIC COMMENT**
- VII. COMMITTEE MEMBER REQUEST FOR NEXT MEETING**
- VIII. NEXT MEETING DATE AND LOCATION**
November 20, 2003 - Arrowhead Regional Medical Center – Oak Room
- IX. ADJOURNMENT**

The San Bernardino County Emergency Medical Care Committee (EMCC) meeting facility is accessible to persons with disabilities. If assistive listening devices or other auxiliary aids or services are needed in order to participate in the public meeting, requests should be made through the Inland Counties Emergency Medical Agency at least three (3) business days prior to the EMCC meeting. The telephone number is (909) 388-5823, and office is located at 515 North Arrowhead Avenue, San Bernardino, CA.

AGENDA ITEM I

Call to Order

AGENDA ITEM II

Approval of Minutes

July 17, 2003

SAN BERNARDINO COUNTY EMERGENCY MEDICAL CARE COMMITTEE

Arrowhead Regional Medical Center
Oak Room
400 North Pepper Avenue
Colton, CA 92324

Thursday, July 17, 2003

MINUTES

MEMBERS PRESENT:

Mark Barber
Chad Clark, MD
Jim Holbrook
James Holmes
Diana McCafferty
Dennis Michael
Alaine Schauer, RN
Jim Singley
Tamara Thomas, MD
Jan Zumwalt, RN

MEMBERS ABSENT:

Dennis Halloway
Wayne Hendrix
Rick Rolston

OTHERS PRESENT:

Diane Fisher
Dell James, RN
Sarah Momsen, RN
Conrad Salinas, MD
George Bolton
Stuart Long
Thomas J. Prendergast, MD
Mark Gamble
Mark Hartwig
Carissa Cowan
Joy Peters, RN
Tony Grabow
Virginia Smith, RN
Kimberly Hooper
Dan Zachs
Renee Colarossi
Connie Cunningham, RN
Jerry Modlin
Dan Meier
Paul Benson
Frank Scialdone
Ray Ramirez
Missy Greenlee
Ted Van Horne
Debra Notturmo
Stephanie Rasmussen

REPRESENTING:

Communications
ER/Trauma Physician
EMS Training Institution
Hospital Administrator
Private Ambulance Provider
Fire Chief
Air Ambulance Provider
Law Enforcement
Physician
EMS Nurse

REPRESENTING:

City Manager
Consumer Advocate
EMT-P

REPRESENTING:

ICEMA
ICEMA
ICEMA
ICEMA
ICEMA
ICEMA
Public Health
HASC
S.B. County Professional Firefighters
Priority One Medical Transport
ARMC
Running Springs Fire Department
San Antonio Community Hospital
AMR
Mercy Air
AMR
LLUMC
Apple Valley Fire Department
Ontario Airport Safety Division
Chino Valley Fire Department
Fontana Police Department
Ontario Fire Department
Mercy Air
AMR
Rialto Fire Department
Rancho Cucamonga Fire Department

Greg Turner
Brett McPherson
Ron Holk

Chino Valley Fire Department
LLUMC
LLUMC

I. Call to Order

Meeting was called to order at 9:08 a.m. Mark Barber led the pledge of allegiance.

II. Acceptance of Minutes

Motion made by Diana McCafferty to accept the May 15, 2003 minutes. Seconded by Mark Barber. Motion carried.

III. Old Business

Items were taken out of order due to time constraints.

A. Performance Based Contract Update – Diane Fisher stated that the model Performance Based Contract will be on the August 19th Agenda for the Board of Supervisors. She will be meeting with the Chiefs of Staff next week and asked that the EMCC recommend approval of these contracts. Public Comment and discussion followed:

1. Chief Frank Scialdone provided the committee with a letter from the San Bernardino County Police Chiefs and Sheriff Association. They request that specific language regarding 5150 transports be added to the contract. He stated that the current policy of those not in need of immediate medical treatment being transported to the evaluating facility by law enforcement is inhuman to the mentally ill. The association recommends that this be provided as a community service, by the EOA recipient, at no cost to the county because of the lucrative contract. Diane responded that other county's, such as Riverside, subsidize these transports. She believes that this issue is best addressed as a system wide problem and should be addressed in policy/protocol. Since all ICEMA policies/protocols are included in the contract by reference, once an ICEMA policy is developed and approved, all providers would be required to adhere to the policy.
2. Chief Paul Benson provided the committee members with a letter from the San Bernardino County Fire Chiefs Association (SBCFCA). The association is prepared to endorse these contracts with a few revisions. Discussion followed regarding each of these provisions (see attached letter).
3. Mark Hartwig supported Chief Scialdone's position regarding 5150 transports and would also like to see Interfacility Transfer response time standards implemented. He suggested that interfacility transports exclusivity be removed so that facilities have an option of transport if these standards are not met. He also believes there needs to be clarification on EOA boundaries before implementation of these contracts can begin.
4. Ray Ramirez supported all of the previous speakers positions and stated clarity has been achieved through negotiations of these contracts. He believes one basic flaw still exists and it is the fact that there are no financial audits of provider's revenues generated in rural/ wilderness areas. He maintains revenues should be compared and then contracts negotiated based on those revenues. He believes this was the intent of the Board of Supervisor's when they asked that special consideration be given to these areas.

Motion was made and passed that the EMCC recommend the approval of the model Performance Based Contracts with the following recommendations:

1. Performance credits should remain as part of the contract as an incentive.
2. Performance rewards should remain as part of the contract.
3. Clarification that Supervisory Support Vehicles are not EMS response vehicles for the purpose of calculating response time compliance.
4. Clarification that stand-by charges are not allowable for haz-mat, fire and law enforcement.
5. Cancelled calls will not be included in calculating response time compliance.
6. Definition of "preventable mechanical failure".
7. The EMCC also recommended that the 5150 transport issues and interfacility response time issues continue to be reviewed in committee with ICEMA reporting back to the EMCC on the status by January 2004.

Jim Holbrook thanked everyone for their diligence over this long process.

- B. **Native Air** - Diane Fisher reported that issues are still being resolved regarding the permit. The insurance requirement is the main focus of compliance at this time. They will continue to provide mutual aid. Diane will keep the EMCC apprised of developments.
- C. **ICEMA Website** - Site has been approved by Administration and should be up and available in about a week. EMCC members will be notified once it is available.
- D. **EMCC Annual Report** - Jim suggested that committee member listing reflect licensed credentials. Motion made by Jim Singley to forward the EMCC Annual Report to the Board of Supervisors. Seconded by Diana McCafferty. Passed unanimously.

IV. Committee/Task Force Report

Diane Fisher stated that the first Trauma Evaluation Committee meeting will be held this afternoon. She will report their findings at the next EMCC meeting. There were no questions regarding other committees.

V. Other/Public Comment

- A. Diana McCafferty invited everyone to participate in an Abaris Group tele-conference hosted by AMR-Rancho. The tele-conference is July 22nd and the topic will be diversion.
- B. Diane Fisher informed everyone that her longtime secretary, Emma Alexander passed away this week. Many remember her for her dedication to ICEMA and she will be missed.

VI. Committee Member Request For Next Meeting

VII. Next Meeting Date And Location

Next meeting will be held September 18, 2003 at Arrowhead Regional Medical Center - Oak Room at 9:00 a.m.

VIII. Adjournment

Meeting was adjourned at 11:27 a.m.

AGENDA ITEM III A

Old Business

Native Air- EMS Ambulance Permit

Staff Report

Native Air – EMS Ambulance Permit

Current Status: At the time of preparing the report, only one condition needed to complete the application has not been met: \$5 million of professional liability per occurrence. Native Air has \$1 million of professional liability insurance per occurrence and was willing to increase their aggregate professional liability coverage from \$3 million to \$4 million, but County Risk Management held this to be insufficient.

Impact on System: Although there may not be more than five requests per month for helicopters in FDZA #1, where Native Air is first-in, Native Air is a necessary resource in this area and a good back-up in FDZA #2 and #3. Because of the speed involved, the traffic accidents and river related calls in spring and summer are often of a serious nature. Based on information from Comm Center, Native Air based in Mesa, Arizona can reach all of FDZA #1 in approximately 30 minutes, whereas Mercy Air 11 based in Boulder City Nevada would require approximately 40-45 minutes to reach the western sections of FDZA #1.

Deadline: Staff will be notifying Native Air that the application must be completed by October 17, 2003.

Prepared for the San Bernardino EMCC
By Bill Katin

AGENDA ITEM III B

Old Business

Model Performance Based Contracts/MOUs

**REPORT/RECOMMENDATION TO THE BOARD OF SUPERVISORS
OF SAN BERNARDINO COUNTY, CALIFORNIA
AND RECORD OF ACTION**

August 19, 2003

File in ICEMA

FROM: THOMAS PRENDERGAST, Jr., M.D., Public Health Officer
Department of Public Health – Inland Counties Emergency Medical Agency

SUBJECT: PERFORMANCE-BASED CONTRACTS

RECOMMENDATION: Acting as the governing board of the Inland Counties Emergency Medical Agency (ICEMA) approve model performance-based urban, rural and wilderness contracts for privately owned ambulance services in San Bernardino County and authorize ICEMA to proceed with contract negotiations with the following revisions:

Staff Changes

- Include language requiring contractors comply with EOA Plan,
- Include language requiring current indigent transport contracts will be honored,
- Include language that it will be a major breach for canceling the indigent service contract by a company between now and the normal completion of the contract.

EMCC Recommendations

1. Performance credits should remain as part of the contract as an incentive.
2. Revise "Performance Rewards" - Pg 24, Section XXIV, A.3. as follows:
PROVIDER shall be given performance rewards in the bidding process consistent with established San Bernardino County practices with regard to contracts with some San Bernardino County departments, PROVIDER may be given favorable consideration for past contracting experience within the EOA if approved by the ICEMA Board at such time as the future bidding process is determined."
3. Clarification that Supervisory Support Vehicles are not EMS response vehicles for the purpose of calculating response time compliance.
4. Clarification that stand-by charges are not allowable for haz-mat, fire and law enforcement.
5. Cancelled calls **will** be included in calculating response time compliance.
6. Definition of "preventable mechanical failure". ("Preventable mechanical failure" – Failure of equipment and/or vehicles to operate properly due to lack of proper maintenance.)
7. The EMCC will continue to review the 5150 transport issues and interfacility response time issues in committee with ICEMA reporting back to EMCC on the status by 2004.

Rural Contract Change

Revise "Right to Extension" - Page 23, Section XXIV, A.2. as follows:

PROVIDER shall be granted an automatic three year Agreement extension annually following the initial term of the agreement until such time that the rural area served may be considered primarily (more than 75% of the entire geographic area) urban according to the latest census tract data, provided that PROVIDER has not committed a major breach of the agreement.

cc: Public Health-Pendergast
ICEMA-Fisher w/agreements for
signature
HSS/Admin.
County Counsel-Green
File w/copy of agreement

sg

Record of Action of the Board of Supervisors

**APPROVED-AS-AMENDED
BOARD OF SUPERVISORS
COUNTY OF SAN BERNARDINO**

MOTION	SECOND	AYE	AYE	MOVE	AYE
	1	2	3	4	5

J. RENEE BASTIAN, CLERK OF THE BOARD

BY

DATED: August 19, 2003

PERFORMANCE-BASED CONTRACTS

AUGUST 19, 2003

Page 2 of 2

BACKGROUND INFORMATION: On April 29, 2003 the Board approved recommendations to require all private ambulance providers to enter into a performance-based contract with ICEMA, with an eight-year fixed term opened for competitive bidding at the end of the term. It was further directed that special consideration be given to Wilderness/Rural and Underserved Areas regarding term of contract, penalty provisions, breach language, bond requirements and other areas discovered in negotiations that would seriously affect the providers' ability to continue to provide Advanced Life Support ambulance services. The Board also approved the recommendation for all existing public ambulance providers, except those exempted by Health and Safety Code 1797.201 to enter into a Memorandum of Understanding (MOU) with no termination date. Further, the Board directed ICEMA to include financial penalties (modeled after Riverside County) within the performance-based contracts and MOUs establishing a fee structure and including language regarding breach and distribution of compliance reports to the public, city councils and governing boards. This agenda item seeks approval of model agreements; ICEMA will return to the Board for approval of contracts with individual private ambulance providers. It is anticipated that a model MOU will be submitted for Board approval within 90 days.

The San Bernardino County Emergency Medical Committee at its July 17th meeting recommended the following:

1. Performance credits should remain as part of the contract as an incentive.
2. Performance rewards should remain as part of the contract.
3. Clarification that Supervisory Support Vehicles are not EMS response vehicles for the purpose of calculating response time compliance.
4. Clarification that stand-by charges are not allowable for haz-mat, fire and law enforcement.
5. Cancelled calls will not be included in calculating response time compliance.
6. Definition of "preventable mechanical failure". ("Preventable mechanical failure" – Failure of equipment and/or vehicles to operate properly due to lack of proper maintenance.)
7. The EMCC also recommended that the 5150 transport issues and interfacility response time issues continue to be reviewed in committee with ICEMA reporting back to EMCC on the status by 2004.

Personnel Needs:

In order to monitor and evaluate the agreements, ICEMA is anticipating the addition of the Quality Improvement/Assurance Coordinator, two administrative staff to oversee data collection, analysis and reporting, and one clerical support.

Approval of this item will allow ICEMA to proceed with contract negotiations with ambulance providers and classification review for the proposed staff. ICEMA will present a future board item providing specific position classifications and associated costs for Board approval.

REVIEW BY OTHERS: This item has been reviewed by County Counsel (Alan L. Green, Deputy County Counsel) on August 12, 2003.

FINANCIAL IMPACT: Approval of these items will result in no local cost to the County. Administrative fees will be incorporated into the proposed agreements to offset cost of monitoring and evaluating compliance with the terms of the agreements.

COST REDUCTION REVIEW: The County Administrative Office has reviewed this agenda item and recommends approval as this action will impose no additional cost to the County.

SUPERVISORIAL DISTRICT (S): All

PRESENTER: Thomas Prendergast, Jr., M.D., Public Health Officer (909) 387-6218
Diane Fisher, Agency Administrator, ICEMA (909) 388-5820

AGENDA ITEM III C

Old Business

ICEMA Website Update

Staff Report

ICEMA Website

The ICEMA website is now operational and we have been receiving rave reviews. Staff continues to update and improve the site. The following information is currently available on the site:

- EMT-I, EMT-P and MICN Applications
- Authorized Training Information
- Authorized CE Provider Information
- Regional Hospital Listing and Contact Information
- Regional Provider Listing and Contact Information
- ICEMA Staff Contact Information
- 2003-2004 ICEMA Certification Exam Dates
- Authorized Online CE Providers
- ICEMA Newsletter
- EMCC Meeting Agenda
- EMCC Bylaws
- EMCC Members Listing
- ALS Protocols
- BLS Protocols
- Job Openings
- CE Calendar
- EMS Links

Prepared for San Bernardino County EMCC
By Diane Fisher

AGENDA ITEM III D

Old Business

EMCC Annual Report

Staff Report

EMCC Annual Report

The Annual Report will be forwarded to the Board of Supervisors.

Prepared for the San Bernardino EMCC
By Diane Fisher

AGENDA ITEM IV A

New Business

County Medical Health and Disaster Plan

Staff Report

County of San Bernardino Medical /Health Disaster Plan

The Public Health Disaster Plan is a work in progress. It is subject to continuous changes. Other divisions of Public Health are inserting updates as well.

The Disaster Plan represents a comprehensive approach to medical and health incidents. The Disaster Plan is organized by divisions of Environmental Health, Administration, Community Health, and Inland Counties Emergency Medical Agency.

The Disaster Plan meets the professional standards of the hospital, first responders, environmental health and community health. The plan is designed by attachments for each Division to make the plan flexible.

Prepared for the San Bernardino EMCC
By George Bolton

AGENDA ITEM IV B

New Business

Attorney General's Opinion on Dispatch

TO BE PUBLISHED IN THE OFFICIAL REPORTS

OFFICE OF THE ATTORNEY GENERAL
State of California

BILL LOCKYER
Attorney General

OPINION

No. 03-316

of

September 5, 2003

BILL LOCKYER
Attorney General

THOMAS S. LAZAR
Deputy Attorney General

THE HONORABLE LLOYD W. PELLMAN, COUNTY COUNSEL,
COUNTY OF LOS ANGELES, has requested an opinion on the following question:

Are emergency medical dispatch services subject to the review and approval of the local emergency medical services agency even when the services are developed, implemented, and operated in accordance with state guidelines?

CONCLUSION

Emergency medical dispatch services are subject to the review and approval of the local emergency medical services agency even when the services are developed, implemented, and operated in accordance with state guidelines.

ANALYSIS

In 1980, the Legislature enacted a comprehensive statutory scheme, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act (Health & Saf. Code, §§ 1797-1799.201; "Act"),¹ to govern the provision of emergency medical services ("EMS") to individuals prior to their admission to a hospital. (*County of San Bernardino v. City of San Bernardino* (1997) 15 Cal.4th 909, 914-916; 81 Ops.Cal.Atty.Gen. 349, 350 (1998); 80 Ops.Cal.Atty.Gen. 283 (1997).) The Act created the Emergency Medical Services Authority ("Authority") as the state agency (§ 1797.100) responsible for the coordination and integration of all state activities concerning EMS (§ 1797.1) and invested the Authority with the power to adopt regulations implementing the Act (§ 1797.107; see Cal. Code Regs., tit. 22, §§ 100000.1-100334). The Act also authorized each county to develop an EMS program by creating a local EMS agency (§ 1797.94) to administer the Act at the local county level (§ 1797.200).²

The state and local administrative partnership created under the Act was described by the Supreme Court in *Valley Medical Transport, Inc. v. Apple Valley Fire Protection Dist.* (1998) 17 Cal.4th 747, 754, as follows:

"As we recently explained, 'the EMS Act contain[s] 100 different provisions in 9 separate chapters and create[s] a comprehensive system governing virtually every aspect of prehospital emergency medical services. The Legislature's desire to achieve coordination and integration is evident throughout. The EMS Act accomplishes this integration through what is essentially a two-tiered system of regulation.' [Citation.] The two tiers consist of a state Authority, which 'performs a number of different functions relating to the coordination of EMS throughout the state' [citation], and an EMS agency established by a county, or a joint powers agency of counties or counties and cities, which plans, implements, and evaluates emergency medical service systems on a countywide or multicounty basis, and which maintains ' "[t]he medical [control] and management of an emergency medical services system." ' [Citation.]"

All references hereafter to the Health and Safety Code are by section number only.

² A county has a duty to provide emergency ambulance service for all county residents in need of medical care, including both permanent county residents as well as any person found in the county in need of emergency ambulance care. (*City of Lomita v. Superior Court* (1986) 186 Cal.App.3d 479, 481; *City of Lomita v. County of Los Angeles* (1983) 148 Cal.App.3d 671, 673.)

Recently, the Authority adopted "Emergency Medical Services Dispatch Program Guidelines" ("Guidelines") intended to encourage agencies providing emergency medical dispatch ("EMD") services to use specific medical pre-arrival instructions and EMD protocols. The Guidelines address the core components of an EMD program, including (1) an EMD protocol reference system, (2) basic EMD training and curriculum standards, (3) continuous dispatch education standards, (4) continuous quality improvement standards, (5) policies and procedures, (6) medical direction and oversight, and (7) records management.

The question presented for resolution is whether EMD services are subject to the review and approval of the local EMS agency even when the services are developed, implemented, and operated by an agency provider in accordance with the Authority's Guidelines. We conclude that they are.

Preliminarily, we note that section 1797.103 requires the Authority to "develop planning and implementation guidelines for emergency medical services systems" to address personnel and training, communications, transportation, assessment of hospitals and critical care centers, system organization and management, data collection and evaluation, public information and education, and disaster response. Ordinarily, local EMS agencies must develop their EMS system plans consistent with the Authority's guidelines (§§ 1797.250; 1797.254) and, when they do not, the Authority possesses the power to prevent implementation of any such plan (§ 1797.105).

Here, however, the Authority has made clear that these particular Guidelines are voluntary in nature and intended only to encourage, but not require, use of medical pre-arrival instructions and EMD protocols by EMD provider agencies. As a result, the question presented concerning these Guidelines is not whether local EMS agencies and EMD provider agencies are required to follow them -- plainly, they are not -- but, rather, whether local EMS agencies retain medical control over EMD provider agencies who choose to develop, implement, and operate their EMD services in accordance with the Guidelines.

Two statutes are the focus of our analysis. Section 1797.220 states:

"The local EMS agency, using state minimum standards, shall establish policies and procedures approved by the medical director of the local EMS agency to assure medical control of the EMS system. The policies and procedures approved by the medical director may require basic life support emergency medical transportation services to meet any medical control requirements including dispatch, patient destination policies, patient care guidelines, and quality assurance requirements."

Section 1798 additionally provides:

“(a) The medical direction and management of an emergency medical services system shall be under the medical control of the medical director of the local EMS agency. This medical control shall be maintained in accordance with standards for medical control established by the authority.

“(b) Medical control shall be within an EMS system which complies with the minimum standards adopted by the authority, and which is established and implemented by the local EMS agency.

“This subdivision shall remain in effect only until the authority adopts more comprehensive regulations that supersede this subdivision.”

Examining the Guidelines in light of these two statutory provisions, we find that the Guidelines must be distinguished from the “standards” and “minimum standards” the Authority is required to develop pursuant to various provisions of the Act. (See, e.g., §§ 1797.109, subd. (a), 1797.170, subd. (a), 1797.171, subd. (a), 1797.172, subd. (a), 1797.176, 1797.190, 1797.191, subd. (a).) For example, the “minimum standards” referred to in section 1798, subdivision (b), are defined by regulations that “broadly mandate that the local EMS agency formulate medically related policies and procedures to govern EMS providers among others. [Citations.]” (*County of San Bernardino v. City of San Bernardino*, *supra*, 15 Cal.4th at p. 927.) In contrast, the Guidelines here, which have not been promulgated by the Authority as enforceable regulations, are neither “standards” nor “minimum standards,” but are more in the nature of “suggestions” that local EMS agencies may choose, or decline, to follow. (Cf. 64 Ops.Cal.Atty.Gen. 910, 917-918 (1981).)

Moreover, in discussing the definition of “medical control,” as used in sections 1797.220 and 1798, the Supreme Court explained in *County of San Bernardino v. City of San Bernardino*, *supra*, 15 Cal.4th 909:

“. . . [S]ection 1797.220 . . . elucidate[s] the range of matters considered within the realm of ‘medical control’ in chapter 5 [of the EMS Act]. Section 1798 itself does not define ‘medical control.’ The ‘definition’ of medical control in section 1797.90 merely states that medical control ‘means the medical management of the emergency medical services system pursuant to the provisions of Chapter 5 (commencing with Section 1798).’ Section 1798(a), in fact, leaves the formulation or definition of ‘medical

control' up to the Authority's regulatory power, declaring that 'this medical control shall be maintained in accordance with standards for medical control established by the authority.' Regulations promulgated by the Authority pursuant to that section do not define medical control either. It is therefore reasonable to consult section 1797.220, where the term 'medical control' is also used, to discern its meaning elsewhere in the EMS Act. It is elementary that, absent indications to the contrary, 'a word or phrase . . . accorded a particular meaning in one part or portion of the law, should be accorded the same meaning in other parts or portions of the law' [Citation.] The language of section 1797.220 makes clear that the Legislature conceived of 'medical control' in fairly expansive terms, encompassing matters directly related to regulating the quality of emergency medical services, including policies and procedures governing dispatch and patient care." (*Id.* at p. 926.)

Applying this expansive definition of "medical control" in the circumstances presented, we find that the Guidelines encompass core components of an EMD program, almost all of which are directly related to regulating the quality of EMS, including policies and procedures governing dispatch and patient care. For example, the Guidelines provide that an EMD program shall include an EMD protocol reference system ("EMDPRS"), defined as "a medically approved protocol based system used by emergency medical dispatchers to interrogate callers, dispatch aid, and provide dispatch life support instructions during medical emergencies." (Guidelines, § IIIA(1), (2).) Under the Guidelines, an EMDPRS includes systematized caller interrogation questions, systematized dispatch life support instructions, and systematized coding protocols that allow the agency to match the dispatcher's evaluation of the injury or illness severity with the vehicle response mode (emergency or non-emergency) and level of care (advanced life support or basic life support). (Guidelines, § IIIA(3).)

An EMDPRS thus directly pertains to the speed and effectiveness of the response of EMD providers dispatched to the scene of an emergency. (*Cf. County of San Bernardino v. City of San Bernardino, supra*, 15 Cal.4th at pp. 926-927.) This is true of several other core components of an EMD program covered by the Guidelines, such as basic EMD training and curriculum guidelines (Guidelines, § IIIB), continuing dispatcher education standards (Guidelines, § IIIC), continuous quality improvement standards (Guidelines, § IIID), policies and procedures (Guidelines, § IIIE), and medical direction and oversight (Guidelines, § IIIF). As a result, all of these matters are encompassed within the term "medical control" as used in sections 1797.220 and 1798, and thus are subject to the local EMS agency's medical control by way of review and approval of any EMD services provided in accordance therewith.

Finally, local EMS agencies are required to, among other things, “plan, implement, and evaluate an emergency medical services system” (§ 1797.204), implement “advanced life support systems and limited advanced life support systems” and monitor training programs (§ 1797.206), “coordinate and otherwise facilitate arrangements necessary to develop the emergency medical services system” (§ 1797.252), and “annually submit an emergency medical services plan” to the Authority (§ 1797.254) for its review (§ 1797.105). It is readily apparent that in order to plan, implement, evaluate, coordinate, and otherwise facilitate arrangements necessary to develop an EMS system, a local EMS agency must first review and approve (i.e., exercise “medical control” over) all of the core components of that system, especially those that directly relate to regulating the quality of EMS, including policies and procedures governing dispatch and patient care. In order to fulfill these statutory responsibilities, a local EMS agency must necessarily review and approve all EMD services, including those that are developed, implemented, and operated in accordance with the Authority’s Guidelines.

We conclude that EMD services are subject to the review and approval of the local EMS agency even when the services are developed, implemented, and operated in accordance with the Authority’s Guidelines.

Staff Report

Attorney General's Opinion on Dispatch

The Attorney General's opinion regarding the question of EMD posed by Los Angeles County was just released.

L.A. asked the following question: "Are emergency medical dispatch services subject to the review and approval of the local emergency medical services agency even when the services are developed, implemented, and operated in accordance with state guidelines?"

The Attorney General's conclusion is: "Emergency medical dispatch services are subject to the review and approval of local emergency medical services agency even when the services are developed, implemented, and operated in accordance with state guidelines."

Action Requested:

None.

Prepared for the San Bernardino EMCC
By Diane Fisher

AGENDA ITEM V

Committee/Task Force Report

ICEMA COMMITTEE/TASK FORCE REPORT

September 18, 2003

COMMITTEE/TASK FORCE	MEMBERS & THEIR AFFILIATION	SPECIFIC TASK ASSIGNED TO COMPLETE	TIMETABLE FOR COMPLETION OF EACH TASK/PROJECT	STATUS OF THE PROJECT/TASK	NEXT MTG DATE &/OR DATES OF REGULARLY SCHEDULED MTGS
Regional QI Committee <i>Conrad Salinas, MD</i> <i>Medical Director</i> <i>Sarah Momsen, RN</i> <i>ALS Coordinator</i>	Jim Holbrook, Training Inst Andrew Christianson, EMT-I Jeff Grange, MD, Medical Dir Brett McPherson, PLN Susie Moss, EMT-P Phong Nguyen MD, Medical Dir Mike Watson, EMT-P Designated Representatives from Local QI Committees	On-going review of data submitted. Discussion and follow-up on issues of concern referred by local QI committees Review and update ICEMA QI Plan according to new state guidelines	On-going	Review of QI Plan just beginning, other tasks are on-going	October 15, 2003 at 10:30 ICEMA Regularly 3 rd Wed of even months.
Medical Advisory Committee <i>Conrad Salinas, MD</i> <i>Medical Director</i> <i>Sarah Momsen, RN</i> <i>ALS Coordinator</i>	All provider Medical Directors Hospital ED Directors Other interested physicians	Advise ICEMA Medical Director Review of Advanced skill procedures & OIA Form Review of air transport issues	On-going	Review of proposed protocols going out for comment and other items presented by Medical Director.	October 15 at 1pm ICEMA Regularly 3 rd Wed of even months
Protocol Review Task Force <i>Sarah Momsen, RN</i> <i>ALS Coordinator</i> <i>Conrad Salinas, MD</i> <i>Medical Director</i> <i>Dell James, RN ~ BLS Coordinator</i>	Individual membership varies Representatives from Public and Private Agencies are encouraged to attend.	Continuing development and review of ICEMA protocols. Review 14000 Series & Pediatric protocols	Revised Protocol Manual with new format protocols completed by Jan 2004	Task force developing & reviewing protocols to meet timetable.	September 18, 2003 at 1pm ICEMA
Response Time Subcommittee <i>Bill Katin, Transportation Coordinator</i>	Mark Hartwig, County Fire Kim Hooper, AMR Ron Mayfield, Rancho Fire Diana McCafferty, AMR Mitch McKee, Redlands Fire Ray Ramirez, Ontario Fire	Prepare report on all 2002 runs by ambulances and first responders, identifying the level of compliance with response time standards.	The Board of Supervisors is expecting a report.	Some 2002 data is lacking from original seven participants. Negotiations are still underway to receive Big Bear, Hesperia and Apple Valley data from Desert Com.	September 22 nd from 9-noon in the 6 th floor conference room of the 172 W. Third Street building in San Bernardino
EOA Task Force <i>Diane Fisher, Agency Administrator</i> <i>Bill Katin, Transportation Coordinator</i>	Diane Fisher, ICEMA Bill Bagnell, Crest Forest Mel Enslow, Redlands Carl Haddon, Med Event Diana McCafferty, AMR Ed Muncy, Desert Ambulance Alan Green, County Counsel Mark Gamble, HASC	Determine competitive vs. non-competitive EOA status at ALS level for County Fire in Lucerne. Begin examining status of County Fire in Yucca Valley.	Ongoing	The Task Force will receive input and review materials presented at upcoming meeting to provide a recommendation to ICEMA and the EMCC.	Task postponed due to performance based contracts development and completion

EMS Aircraft Provider Subcommittee <i>Bill Katin, Transportation Coordinator</i>	Rick Britt, Con Fire Mike Cardwell, SB County Sheriff Roy Cox, Mercy Air David Dolstein, Mercy Air David Dowling, Comm. Center Kymberly Mitchell, CHP Doug Rich, CHP James Singley, SB County Sheriff	Analyze the results of a two month trial (August– September) in which the closest available aircraft was dispatched	Ongoing	All helicopter runs are being analyzed.	October 2, 2003 10:00 a.m. – 1:00 p.m. Sheriff's Headquarters, 655 E. Third Street, San Bernardino, 2 nd floor conference room
EMD Task Force <i>Dell James, R.N. BLS Coordinator</i>	Mark Hartwig, County Fire Diana McCafferty, AMR Mark Barber, Ontario Police Darryl Polk, Ontario Police Mat Fratus, SB City Rose Ebel Barstow Com Dave Dowling, County Com Carl Tauber, Desert Com Robert Berg, USMC 29 Palms Tom Stickley, MCLB, Barstow Travis Espinosa, Ft. Irwin	Revamp EMD Prior to Arrival Instructions. Revamp curriculum	Review of PTA guidelines completed. Complete curriculum review.	All PTA instructions completed. Sequence cards rewritten and reviewed. Curriculum review and instructor qualifications as well as certification/recert requirements. Will be written in conjunction with revised State guidelines	Last met September 3, 2003 Next meeting is October 14, 2003 and will be an all day workshop, at Desert Communications Center in Victorville.
Special Events Task Force <i>Bill Katin, Transportation Coordinator</i>	Peter Brandon, Liberty Ambulance Rick Britt, Comm Center Connie Cunningham, Nurse Rep. Steve Davis, Symons Jeff Grange, California Speedway Dean Grose, Event Medical Carl Haddon, Med Event Medical Dennis Halloway, City Manager Eb Muncy, Ambulance Association Michael Parker, Priority One Rick Rolston, Paramedic Rep. Bill Smith, Fire Chiefs	Requesting a moratorium on new Special Event providers Development of "ICEMA Special Event and Mass Gathering Medical Guidelines" following the model developed by the National Association of EMS Physicians. Development of requirements to become a Special Event provider.	Ongoing.	Obtaining input.	September 15 th from 9:00 a.m. to 11:00 a.m. at the California Speedway in Fontana.
High Desert EMS Inter-Agency Task Force <i>Bill Katin, Transportation Coordinator</i>	Roy Cox, Mercy Air Pat Dennen, County Fire Dave Dowling, Comm Center Sid Hultquist, County Fire Ron Jones, CHP Lisa Lawrence, CHP Howard Leslie, County Sheriff Michael Lowenthal, Baker EMS Lisa Martinez, CHP Barry Nelson, BLM Toby Tyler, County Sheriff	Prepare for off-highway vehicle activity during Thanksgiving Day weekend	Ongoing	Coordination between BLM, Sheriff's, County Fire and CHP.	October
Mutual Aid Task Force <i>Diane Fisher, Agency Administrator</i>	Rick Britt, Comm Center Frank Scialdone, Fontana Police Diana McCafferty, AMR Peter Hills, SBCO Fire Chief	Review and Revise Mutual Aid Policy	July 1, 2003	Meeting held on March 26 th to revise current Mutual Aid Policy.	To be determined
Diversion Task Force <i>Sarah Momsen RN ALS Coordinator</i>	Mark Gamble, HASC Hospital CEO/CFOs Hospital Nurse Managers Diana McCafferty, AMR Fire Department Personnel	Review and Revise ICEMA Hospital Diversion Protocol. Other Tasks	October 1, 2003 start 45 day trial of proposed Diversion Policy	Committee reviewed changes recommended by Hospital CEO's Proposed protocol out for 45-day trial.	Next meeting TBA
Trauma Evaluation Committee <i>Diane Fisher, Agency Administrator Conrad Salinas, M.D..</i>	David Wong, MD, ARMC Richard Catalano, MD, LLUMC Ian Serrano, RN, ARMC Connie Cunningham, RN, LLUMC Joy Peters, RN, PLN, ARMC	Evaluate regional trauma system and recommend improvements.	On-going	Currently reviewing data related to patient distribution. Software is purchased.	December 2003

<i>Medical Director</i>	Brett McPherson, RN, PLN, LLUMC ICMA Trauma Nurse Coordinator Don Moores, MD, LLUMC Rodney Borger, MD, ARMC Jeff Grange, MD, LLUMC David Kovacik, MD, St. Mary's Phong Nguyen, MD, Redlands Edward Van Horne, AMR Dan Zachs, Mercy Air Randy Emon, Coroner's Office				
-------------------------	--	--	--	--	--

AGENDA ITEM VI
Other/Public Comment

AGENDA ITEM VII

Committee Member Request for Next Meeting

AGENDA ITEM VIII

Next Meeting Date And Location

November 20, 2003

Arrowhead Regional Medical Center